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ALLEN-363

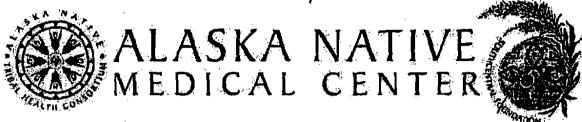
hausea. TMJ/earpair

AFTERCARE INSTRUCTIONS	DIAGNOSIS:
LACERATION/WOUND CARE	O Keep elevated to decrease swelling
O Wound Check on:	O Aspirin or Tylenol for pain (circle one)
O Stitch Removal on	O Return if signs of infection:
O Keep Clean and Dry	redness, swelling, fever, pus, hot
O Change Dressing	
HEAD INJURY	COUGH/COLD SYMPTOMS
O Wake patient every 2 hours for next 24 hours	O Fluids
O No aspirin products	O No smoking
O No alcohol	O Medication as prescribed
O Return if any of the following occur:	O Cool mist humidifier
confusion, unable to wake patient, nausea or	O Return if symptoms worsen, fever present
vomiting, pupils unequal	
FRACTURES/SPRAINS	BACK/NECK PAIN
O Keep injured part elevated for next 2 days, use ice to	O Firm surface to rest on
decrease swelling	O No heavy lifting until better
O Move fingers or toes often in cast or bandage	O Wear collar as advised
O Do not insert objects under cast or wrap to scratch	O Gentle, firm massage if approved by provider
O Use crutches as instructed, use special care on ice/steps	O Contact Physical Therapy at 729-1249
O Rewrap ace wrap if extremity becomes numb, cold,	O Return if pain increases or you begin to
discolored or swollen	experience tingling or numbness in
O If no Improvement - return	
NAUSEA	SEXUALLY TRANSMITTED DISEASES
O Clear liquids for 12-24 hours or until nausea is gone	O Medication as prescribed
O Avoid milk products, spicy or greasy foods, alcohol	O No unprotected sex for days
O Return if worse or not better in 24 hours	O Notify recent partners.
DIARRHEA	O Return if symptoms worsen
O Clear liquids frequently for 24 hours or until stools become firmer (Pedialyte, Resol, or Rice tyte in infants)	
O Advance slowly: rice cereal, bananas, applesauce, crackers, clear soup	
O Return if no improvement in 48 hours	
	Timila by an a of the corton
PELVIC INFLAMMATORY DISEASE	URINARY TRACT INFECTION
O Bedrest until fever is gone	O Drink large amounts of fluids (water, cranberry or
O Warm baths to lessen pain	other juices)
O Use pads instead of tampons	O Medication as prescribed
O No sex until symptoms gone, use condoms after that.	O Return if fever, more pain, worsening symptoms
O Return for increased fever, worsening symptoms	
MEDICATION AS DIRECTED: Takingour meds as prescribed from	
ADDITIONAL INSTRUCTIONS:	
1 19.00 8 6.0 10 10.00 10.00 10.00 10.00 10.00	
Elis d'anssures)	
CALL FOR LAB RESULTS ON:	
Return to ED/UCC if symptoms worsen or do not improve by: ap weeded	
You were seen on This advice was received and	
understood by (patient signature) and explained by	
Additional handouts:	
Follow up Appointment:	O Referral made.
1 orle a shele an increasion	The clinic will call you on the next
Clinic: Date: Time:	working day to set up an appointment.
(stamper)	ALASKA NATIVE MEDICAL CENTED

03-53-62 M DOB 03/30/67 ALLEN, TODD ANDREW 4/19/03007:07 CLIN 80 VALDEZ ACCT 6165682

**Emergency Dept./Urgent Care Center** Co43f15/Diplomacy Drive Anchorage, AK 99508 phone: 729-1729 Allen(ANMC)-42

Hpml 18, 2005 Vist to EK. & 7,00 pain all night in Reckar togs



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ AND REVIEW IT CAREFULLY.

The Alaska Native Medical Center respects your privacy and understands that your personal health information is very sensitive. We make a record of the care and services you receive at the medical center. This information is needed to give you quality health care and comply with the law. For example, this information includes your symptoms, test results, diagnosis, treatment, health information from other medical providers, and billing and payment information related to those services. We will not disclose your information to others unless you tell us to do so, or unless the law authorizes or requires us to do so.

This privacy notice will tell you about: (1) the way that we may use and give out medical information about you; (2) your medical privacy rights; and (3) the responsibilities of the medical center in using and disclosing your medical information.

## HOW WE MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The list below describes different ways that we use and disclose medical information. For each category of uses or disclosures we explain what we mean and try to give an example.

## For Treatment:

Information obtained by a member of our health care team will be recorded in your medical record and used to help decide what care may be right for you. We may also provide information to others providing your care. This will help them stay informed about your care so they may help you if needed. For example, a doctor may ask if you have high blood pressure to avoid giving you a medication that may make this condition worse. This information could be shared with nurses, pharmacists, dieticians or physical therapists so they know of the problem and avoid items that might make it worse.

## For Payment.

We may use and disclose medical information about you so that the treatment and services you receive at the medical center may be hilled to and payment may be collected from the government, insurance company, third party or other responsible person. For example, insurance companies may need information about surgery you had at the medical center in order to pay us. In addition, if someone else is responsible for your medical costs, we may disclose information to that person when we seek payment.

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